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STATE	PLAN	UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	ACT
State/Territory:			Texas					<del></del>	

COLLECTION OF ADDITIONAL REGISTRY INFORMATION

The State's Registry contains the following information to the nursing facility upon request in addition to that required in 42CFR 483.156 (c):

Whether the individual was waived or not

The type of training program

Date of Birth

Social Security Number

Address

Employment history if appropriate

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	STATE ILVAS	
	DATE REC'D FEB 1 8 1992	
	DATE APPV'D MAR 13 1992	Α
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	HCFA 179 - 42-04	

TN No. 22-04 Superseden TN No. 39-Cla

MAR 13 1992

Effective Date OCT 01 1991

HCFA ID:

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